

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/756481**

FILING DATE **01-08-01**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		2		
4		2		2		
5	/					
6		/				
7		/				
8	/					
9		/				
10		/				
11	/					
12		/				
13		/				
14	/					
15		/				
16		/				
17	/					
18		/				
19		/				
20	/					
21	/					
22	/					
23		/				
24	/					
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42	/					
43		/				
44		2		2		
45		2		2		
46	/					
47		/				
48		/				
49	/					
50		/				
TOTAL IND.	20		14			
TOTAL DEP.	76		14			
TOTAL CLAIMS	96		28			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52	/					
53		/				
54		/				
55	/					
56		/				
57		/				
58	/					
59		/				
60		/				
61	/					
62	/					
63	/					
64		/				
65		2		2		
66	/					
67		/				
68		2(1)		2(1)		
69		2(1)		2(1)		
70		2(1)		2(1)		
71		2(1)		2(1)		
72		2(1)		2(1)		
73		2(1)		2(1)		
74		2(1)		2(1)		
75		2(1)		2(1)		
76		2(1)		2(1)		
77		2(1)		2(1)		
78		2(1)		2(1)		
79		2(1)		2(1)		
80		2(1)		2(1)		
81		2(1)		2(1)		
82		2(1)		2(1)		
83		2(1)		2(1)		
84		2(1)		2(1)		
85		2(1)		2(1)		
86		2(1)		2(1)		
87		2(1)		2(1)		
88		2(1)		2(1)		
89		2(1)		2(1)		
90		2(1)		2(1)		
91		2(1)		2(1)		
92		2(1)		2(1)		
93		2(1)		2(1)		
94		2(1)		2(1)		
95		2(1)		2(1)		
96		2(1)		2(1)		
97		2(1)		2(1)		
98		2(1)		2(1)		
99		2(1)		2(1)		
100		2(1)		2(1)		
TOTAL IND.	20		14			
TOTAL DEP.	67		14			
TOTAL CLAIMS	87		28			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS